

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000052243

1. Entity Name  
HOMEWORLD PROPERTIES, INC.



FILED

07 MAR 14 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
13727 MARSCH HARBOR DR N  
JACKSONVILLE, FL 32225

Mailing Address  
13727 MARSCH HARBOR DR N  
JACKSONVILLE, FL 32225

2. Principal Place of Business - No P.O. Box #  
1197 WEDGEWOOD RD  
Suite, Apt. #, etc.

3. Mailing Address  
1197 WEDGEWOOD RD  
Suite, Apt. #, etc.



REINSTATEMENT

City & State  
JACKSONVILLE FL  
Zip 32259 Country USA

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JACKSONVILLE FL  
Zip 32259 Country USA

4. FEI Number  
04-3665889  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DIGIOVANNI, JAMES R  
13727 MARSH HARBOR DR N  
JACKSONVILLE, FL 32225

## 7. Name and Address of New Registered Agent

Name  
BETH W. PATTERSON CPA PA  
Street Address (P.O. Box Number is Not Acceptable)  
1304 Gienagary Road  
City JACKSONVILLE FL Zip Code 32207

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Beth W. Patterson*

03/09/07

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME DIGIOVANNI, JAMES R  
STREET ADDRESS 13727 MARSH HARBOR DR N  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE D ☐ Delete  
NAME DIGIOVANNI, KATHY A  
STREET ADDRESS 13727 MARSH HARBOR DR N  
CITY-ST-ZIP JACKSONVILLE, FL 32225

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1197 WEDGEWOOD RD  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1197 WEDGEWOOD RD  
CITY-ST-ZIP JACKSONVILLE FL 32259

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James DiGiovanni 3-9-07

Date

Daytime Phone #